



Pre Course Assessment Close Protection Driving Course

Please attach a photocopy of your driving licence (both parts) and give details of any outstanding driving offences.

Please give details of any medical conditions?

Yes No

e.g. Asthma, Arthritis, Back or neck injury, Joint or bone problems (including pinned joints or bones), Heart conditions, high/low blood pressure, Diabetes, Epilepsy or Any other condition not mentioned.

Please give details of any medication you are currently taking?

Yes No

Can you read a standard UK number plate from 67 feet?

Yes No

Do you wear glasses or contact lenses?
(If yes you must bring them with you).

Yes No

Declaration

I confirm that the information given is accurate and that by signing I agree to the terms and conditions of Wilplan Training Ltd. In the event that we retain your data it will be held and processed in accordance with the Data Protection Act.

Signature of Applicant

Date